

Life Claims Service Center P.O. Box 724767 Atlanta, GA 31139-1767

Disclosure Statement Personal Accelerated Death Benefit

Any Personal Accelerated Death Benefit paid to you may be taxable. If so, you may incur a tax obligation. You should seek assistance from a qualified tax advisor prior to your receipt of this benefit.

Receipt of any Personal Accelerated Death Benefit may affect your eligibility for public assistance programs such as medical assistance (Medicaid), aid to families with dependent children, and supplemental security income. Prior to your receipt of any Personal Accelerated Death Benefit you should consult with the appropriate social services agency concerning how receipt of this benefit will affect your and/or your family's eligibility for these programs.

		PAYMENT OF PERSONAL ACCELERATE LIFE INSURANCE AND SUPPLEMENTAL	ED DEATH BENEFIT ON YOUR REMAINING LIFE INSURANCE BENEFITS	
	\$	\$ Your (combined amount of personal life insurance and supplemental life insurance) benefit prior to payment of your Personal Accelerated Death Benefit		
	\$	Your Personal Accelerated Death Bene	efit	
	\$	Your (combined amount of personal life benefit remaining after payment of you	e insurance and supplemental life insurance) Ir Personal Accelerated Death Benefit	
this benefit pays		e enough to cover your medical, nursing ho	a nursing home insurance policy. The amount ome, or other bills. You may use your Personal	
(name)			acknowledge that I have made	
application for t	this benefit of m	y own free will, and without coercion of a	third party.	
>				
Signature of Ap	pplicant		Date	
(name of spouse)			consent to payment of the personal	
accelerated dea	ath benefit shov	vn above.		
•				
Signature of Spouse			Date	
>				
Signature of Notary Public			Date	

Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any false or misleading information may be subject to criminal penalties.